SUBMIT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN



Permit #:	19-0037
Date:	3-19-19-
Amount Paid:	
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

ment. Bayfield Co. Zoning Dep

DO NOT START CON	STRUCTION ON	TE FILE ! EITHING !	INTEREST ISSUED TO AL	PLICANT.		FILL OU	T IN INK (NO P	LIVEIL	
TYPE OF PERMIT	REQUESTED-	→ 🌠 LAN	D USE SANITAI		CONDITION	AND THE REAL PROPERTY OF THE PARTY OF THE PA	USE 🗆 B.O.	STREET, STREET	OTHER
Owner's Name:		/	Mai	ling Address:		y/State/Zip:		Telephor	
ALANASI	USAN	Bain	41	52 N RIVE,	8 BUN S	HUAGE HU 5	5378	952-	200-7097
Address of Property	y: //		City	/State/Zip:				Cell Phor	ne:
5640 Ly	in bake	Bay Re		BABNES 1	NI 54	1873			
Contractor:			Con	tractor Phone:	Plumber:			Plumber	Phone:
Authorized Agent:	(Person Signing A	oplication on beha	If of Owner(s)) Age	nt Phone:	Agent Mailing A	ddress (include City/State	1/7in)•	Written /	Authorization
	,	F 10		,		(morade only) state	,, =.,,,	Attached	l,
PROJECT			Тах	ID#			Recorded Docu	☐ Yes	□ No Dwing Ownership)
LOCATION	Legal Desc	ription: (Use T		1946			2018R		75837
		Gov't Lot	Lot(s) CSM	Vol & Page CS	SM Doc# Lot	(s) No. Block(s) No.	Subdivision:		
1/4,	1/4				partot	3			
Section	Townshin	UY NA	lange 9 W	Town of:		1	Lot Size	Acrea	ge
Section — { {	, TOWNSHIP		ange w	[50	arnes				5,127
	(Is Prope	rty/Land withi	n 300 feet of River, Str	ream (incl. Intermittent)	Distance Str	ucture is from Shorelin	e: Is Pror	perty in	Are Wetlands
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A shoreland	☐ Is Prope	rty/Land withi	n 1000 feet of Lake, Po			ucture is from Shorelin	C.	Yes No	Yes
				yescontinue -	`		feet	INO	No
☐ Non-Shoreland									
Value at Time					Total # of				Tuno of
of Completion * include	Dw	inct.	# of Stories	Foundation	bedrooms		nat Type of		Type of Water
donated time &		oject	# Of Stories	Foundation	in		Sanitary Syster the property?	n	on
material					structure				property
-	New Co	nstruction n/Alteration	1-Story	☐ Basement		☐ Municipal/City ☐ (New) Sanitary	Consider		☐ City
\$ 700	Convers	-	☐ 1-Story + Loft ☐ 2-Story	Foundation	□ 2 □ 3	Sanitary (Exists			
-1000		e (existing bldg)		- 4071		Privy (Pit) or		n 200 gallo	
	☐ Run a B	usiness on		Use	None	☐ Portable (w/ser			
	Property	/		Year Round		☐ Compost Toilet	:		
						☐ None			
Existing Structur		peing applied fo	or is relevant to it)	Length:		Width:	He	eight:	
Existing Structur Proposed Constr		peing applied fo	or is relevant to it)	Length:		Width:		eight: eight:	
Proposed Constr	ruction:		or is relevant to it)	Length:		1111111111	He	eight:	Square
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Proposed Constr	ruction:	Principal		Length: Proposed Struct Icture on property		1111111111	Dimensio (X (X	eight:	
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Proposed Construction Proposed Use Residential Commercia I (we) declare that this a (are) responsible for the result of Bayfield Count property at any reasona Owner(s): (If there are Multi	Use Use Use Use Use Use Use Use	Bunkhou Mobile H Addition, Accessor Accessor Special U Condition Other: (e:	Structure (first strue (i.e. cabin, hunting with Loft with a Porch with (2nd) Porch with a Deck with (2nd) Deck with Attached Gase w/ (sanitary, or lome (manufactured of Alteration (specify y Building Addition) y Building Addition (see: (explain)	Length: Proposed Struct Icture on property g shack, etc.) arage sleeping quarter date) / Alteration (specif	without a permitted best of my (our) know y Bayfield County in ct to county officials characteristics.	& food prep facilities) & food prep facilities) ### WILL RESULT IN PENALT vledge and belief it is true, correletermining whether to issue a parged with administering count county with the part of	Dimensio (X (X (X (X (X (X (X (X (X (ns)))))))))))))))))))	Footage GO ge that I (we) am y which may be a above described
Proposed Use Proposed Use Residential Commercia I (we) declare that this a (are) responsible for the result of Bayfield Count property at any reasona Owner(s): (If there are Multi-Authorized Agent	Use Use Jse ppplication (including detail and accuracy relying on this including the latest processing to the public time for the public time f	Bunkhou Mobile H Addition, Accessor Accessor Special U Condition Other: (e: FAILURE TO ng any accompanyin y of all information formation I (we) am pose of inspection. and the Deed signing on beha	Structure (first strue (i.e. cabin, hunting with Loft with a Porch with (2nd) Porch with a Deck with (2nd) Deck with Attached Government (specify Building (specify Building Addition) See: (explain)	Length: Proposed Struct Icture on property g shack, etc.) arage sleeping quarter date)	without a perm best of my (our) know y Bayfield County in ct to county officials ch	& food prep facilities) & food prep facilities) AIT WILL RESULT IN PENALT vledge and belief it is true, correletermining whether to issue a pharged with administering count pany this application) pany this application)	Dimensio (X (X (X (X (X (X (X (X (X (ns)))))))))))))))) e) acknowledraccept liability access to the	Footage /60 ge that I (we) am y which may be a above described

wbelow: Draw or Sketch your Property (regardless of what you are applying for)

Fill Out in Ink - NO PENCIL

(1) Show / Indicate: (2)

(3) Show Location of (*):

Show any (*):

Show:

Show:

(4)

(5)

(6)

Proposed Construction Show Location of: North (N) on Plot Plan

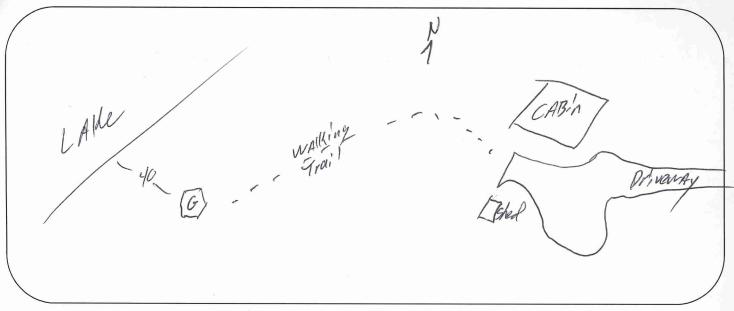
(*) Driveway and (*) Frontage Road (Name Frontage Road)

All Existing Structures on your Property

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurem	ent		Description	Measur	ement
Setback from the Centerline of Platted Road		Feet		Setback from the Lake (ordinary high-water mark)	40	Feet
Setback from the Established Right-of-Way	900+	Feet		Setback from the River, Stream, Creek	_	Feet
				Setback from the Bank or Bluff	_	Feet
Setback from the North Lot Line	70	Feet				
Setback from the South Lot Line	30	Feet		Setback from Wetland	_	Feet
Setback from the West Lot Line	40	Feet		20% Slope Area on the property	X Yes	□No
Setback from the East Lot Line	900 1	Feet		Elevation of Floodplain		Feet
Setback to Septic Tank or Holding Tank	100	Feet		Setback to Well	90	Feet
Setback to Drain Field	100	Feet			,,,	
Setback to Privy (Portable, Composting)		Feet	品			

other previously surveyed corner or marked by a licensed surveyor at the owner's expense

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from the previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: <u>ALL</u> Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number:		# of bedrooms:	Sanitary Date:						
Permit Denied (Date):	Reason for Denial:									
Permit #: 19-003	Permit Date: 3-19	Date: 3-19-19								
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Recor	ous Lot(s))	Mitigation Required Mitigation Attached		Affidavit Required Affidavit Attached Ves No						
Granted by Variance (B.O.A.) ☐ Yes ☐ No Case #:		Previously Granted by See No	y Variance (B.O.A.) Case	#:						
Was Parcel Legally Created Was Proposed Building Site Delineated ✓ Yes □ No		Were Property Lines Represented by Owner Was Property Surveyed Wes Wes								
Inspection Record: Taked 40' + 42' to	8"oak tree	es along 31	lore	Zoning District (R-/) Lakes Classification (/)						
for human h necessary pressurized	No accessory building nabitation / sleeping pur county and UDC water shall enter the bonnection to POWTS. Mathematical Mathematical Power Stacks.	shall be used poses without permits. No liding unless	Condition: Construction practices shall be imple erosion or sedimentat properties or wetlands. shall be obtained.	mented to prevent any ion onto neighboring						
Hold For Sanitary: 🗆 Hold For TBA: 🗆 _	Hold For Affid	avit: 🗆	Hold For Fees:							

Village, State or Federal May Also Be Required

SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	19-	0037			Issued	d To: Al	an & S	Susan Bain					,		
Location:	-	1/4	of	-	1/4	Section	11	Township	44	N.	Range	9	W.	Town of	Barnes
Par in															
Gov't Lot			ı	Lot	3	Blo	ck	Su	bdivisio	on				CSM#	
·															

For: Residential Accessory Structure: [1- Story; Gazebo (10' x 16') = 160 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting

Condition(s): No accessory building shall be used for human habitation / sleeping purposes without necessary County and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks. Construction site best management practices shall be implemented to prevent any erosion or sedimentation onto neighboring properties or wetlands. Necessary UDC permit shall be obtained.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

March 19, 2019

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT Permit #: **BAYFIELD COUNTY, WISCONSIN** Date: Date Stamp (Received) Amount Paid: MAR 1 2 2019 Bayfield Co. Zoning Dept.

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payal DO NOT START CONST	ble to: Bay RUCTION	yfield Cou UNTIL AL	inty Zoning De L PERMITS HA	partment. VE BEEN ISSUED TO	APPLICANT										
TYPE OF PERMIT	REQUES	TED-	☐ LAN	D USE SAI	VITARY	□ PRIVY	□ C(ONDITIONA	L USE SF	ECIAL	USE	☐ B.O.	A. 🗆 (OTHE	R
Owner's Name:				4	Mailing A	ddress:			/State/Zip:	11.2	-8.7		Telephor		
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Address of Property	y:	7 10	700	- 1/4/	City/State	/Zip:		-		-	101	-	Cell Phor	ne:	
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Sim	Tal	105	\sim		715-5	30-043		nber:					Plumber	Phon	e:
Authorized Agent:	(Person Sig	ning Appli	cation on beha	f of Owner(s))	Agent Pho		-	nt Mailing Ad	dress (include Cit	ty/State	1/7in).		Written	م ما شده	winasia
-				(2)			, ABC	iic ividiiiig Ad	diess (include ch	ty/Stati	z/21þ).		Attached		rization
					T. 15#/4	F 11 11 1	<u> </u>						☐ Yes		
PROJECT LOCATION	Legal	Descrip	tion: (Use T	ax Statement)	Tax ID# (4-	5 digits)				Red	orded D	eed (i.e. #	assigned by	Regis	ter of Deeds)
					20	341	7			Do	cument #	t:	R-	_	
NE 1/4,	SE	1/4	Gov't		CSM	Vol & Pag	ge	Lot(s) No	. Block(s) No		bdivisio		. 11.	1.	
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Section	7	Γοwnshir	45	l Range 9	W	Town of:	$\overline{}$			Lo	t Size	\supset	Acrea	ge	. ~
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		Droporty	/I and within	200 foot of Div	Chunna			N-4 C4							
				n 300 feet of Rive of Floodplain?		(incl. Intermittent		istance Stru	cture is from SI		e : feet		erty in		Wetlands
☐ Shoreland —													in Zone? Yes		Present?
	_ IS I	rioperty	/Lanu Willin	n 1000 feet of Lal		continue —	. 1	istance Stru	cture is from SI		e : feet		No		□ Yes 2 XNo
☐ Non-Shoreland					ii yes	continue	-				icet		140		ZUIO
□ Non-Shoreland													V		
Value at Time			41.00		715 m	/ Project 19		and the							1.1
of Completion	3.4	Dunia		# of Storie				#		W	nat Typ	e of		VII.	
* include		Proje	ct	and/or basen		Use		of	Se			y Systen	n		Water
donated time &	donated time &				ileiit		k	edrooms		perty?					
material						Carranal		1		I (at	7				
			Alteration	1-Story		Seasonal	_	1	☐ Municipa			1	2	_	☐ City
\$ 000	,			☐ 1-Story + I	C.	C 21 1							Concre		₩ell
20,000		version	xisting bldg)	☐ 2-Story		SIGH		3]	Sanitary (_
,	2000		ness on	☐ Basement☐ No Basem									n 200 gallo	n)	
		perty	11633 011	☐ Foundatio			_/	r None	☐ Portable			ntract)			
ÿ		le d. dy		- 5lab					☐ Compost☐ None	Tolle				_	
									□ None						,
Existing Structure	e: (if pe	rmit beir	ng applied fo	r is relevant to it) Le	ngth:	32		Width:	28	5	He	ight:	8	
Proposed Constr	uction:				Le	ngth: ス	8		Width:	28	m		ight:	8	
Proposed Us	e	1			Prop	posed Struct	ture				D	imension	ns		quare
		X	Principal	Structure (first	structure	on property	· · · ·				12	212	C	FC	otage
		2		(i.e. cabin, hu			у)				10	212	51		
1			resident	with Loft	inting snac	π, εττ.,					1	X)		
Residential	Use			with a Porch							1	X)	-	
				with (2 nd) Po							1	X	-)		
				with a Deck	71011						1	X	- ,		
	1			with (2 nd) De	eck						1	X	- 1		
☐ Commercial	Use			with Attache							(3)	2 × 2	01		
			Dunkhous								1) "X	51		
				e w/ (□ sanitary		eping quarter	rs, <u>or</u>	□ cooking &	food prep facili	ties)		Х)		
	-			ome (manufactu		0	- (ALA	106-1		(Х)		
☐ Municipal U	lse	<u>×</u>		Alteration (sp		Gara	gre	- MT/	Hone b		12	8 x 2	81		
				Building (sp			<u>_</u>				(Х)		
			Accessory	Building Addit	tion/Alter	ation (speci	ify)				(Х)		
														3.4	7
			Special Us	se: (explain)							(Х)	: 00,	
			Condition	al Use: (explain))						(Х)		
			Other: (ex								(Х)		
											•		,		
I (we) declare that this	application	(including	any accompanyi	OBTAIN A PERMIT of the property of the propert	en examined b	ov me (us) and to t	the best	of my (our) know	wledge and helief it is	true co	rrect and	complete. I ((we) acknowle	edge th	at I (we)
may be a result of Ba	or the detai yfield Coun	it and accur ity relying o	acy of all inform on this informati	ation I (we) am (are) p on I (we) am (are) pro	roviding and th	hat it will he relied	dunon k	W Rayfield Count	he in dotormining wh	otherte		manie I /	f	A DESCRIP	
above described prope	at any r	easopable	time for the puri	oose of inspection.		. /			,	worth	ec.mg	-surry orull	d		_
	/ /	/	# 1 /1		. / /	10 -	/						10	10	7,

Owner(s): (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application) Date 3-12-19 Authorized Agent: Date _ (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) BARES, WI 548 Attach Address to send permit 56260 BeAr **Copy of Tax Statement**

If you recently purchased the property send your Recorded Deed APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE MATCH TAX STATEMENT 3-13-19

NOTEWBLED

ow: <u>Draw</u> or <u>Sketch</u> your Property (regardless of what you are applying for) Show Location of: **Proposed Construction** Show / Indicate: North (N) on Plot Plan (2) (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road) (4)Show: All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (5) Show: (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (7)Show any (*): (*) Wetlands; or (*) Slopes over 20% Septic LOT 41 CSAGE TAX ID 3851

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measureme	nt		Description	Measurem	ent	
Setback from the Centerline of Platted Road	80	Feet		Setback from the Lake (ordinary high-water mark)		Feet	
Setback from the Established Right-of-Way		Feet		Setback from the River, Stream, Creek		Feet	
				Setback from the Bank or Bluff		Feet	
Setback from the North Lot Line 1501	7	Feet					
Setback from the South Lot Line 50'	230	Feet		Setback from Wetland		Feet	
Setback from the West Lot Line	68	Feet	1-1	20% Slope Area on property	Yes	No	
Setback from the East Lot Line	280	Feet		Elevation of Floodplain		Feet	
Setback to Septic Tank or Holding Tank	40	Feet		Setback to Well	20	Feet	
Setback to Drain Field	60	Feet			20	,,,,,,	
Setback to Privy (Portable, Composting)	40	Feet					

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number:	1-1035	Sanitary Date: <i>9-/2-/7</i>				
Permit Denied (Date):	Reason for Denial:						
Permit #: 19 - 0039	Permit Date: 3-20	0-19	1.77				
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Record Yes (Fused/Contigue) Yes Yes	ous Lot(s))	Mitigation Required Mitigation Attached	Yes No	Affidavit Required ☐ Yes ☐ No ☐ Yes ☐ No			
Granted by Variance (B.O.A.) Yes No Case #:		Previously Granted by	y Variance (B.O.A.)	· #:			
		Were Property Lines Represented by Owner Was Property Surveyed ☐ Yes					
Inspection Record:		1		Zoning District (R/) Lakes Classification ()			
Date of Inspection: 3/19/19	Inspected by:			Date of Re-Inspection:			
Condition(s): Town, Committee or Board Conditions Atta							
10	Condition: No accessory numan habitation / slenecessary county and UDG vater shall enter the boonnection to POWTS.	eping purposes with C permits. No pressuri puilding unless appro	nout ized oved				
	setbacks.			Date of Approval: 3/20/19			
Hold For Sanitary: Hold For TBA:	Hold For Affid	lavit: 🗌	Hold For Fees:				

City, Village, State or Federal May Also Be Required

SANITARY - 17-103S SIGN -SPECIAL -CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	19	-0039			Issued	d To: Je	effrey	& Anne Wil	kan							
Location:	-	1/4	of	_	1/4	Section	7	Township	45	N.	Range	9	W.	Town of	Barnes	
Gov't Lot			L	.ot	41	Blo	ock	Su	bdivisio	on O	sage Ad	ld to) Pota	watomi	CSM#	

For: Residential Addition / Alteration: [1- Story; Attached Garage (28' x 28') = 784 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): No accessory building shall be used for human habitation / sleeping purposes without necessary County and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Two		
Tracy	POO	16
I I CL C y		

Authorized Issuing Official

March 20, 2019

Date